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| CHANGE OF CORRESPONDENCE ADDRESS Application | | Application Number | 10/682,303-Conf. #7332 |
| Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | Filing Date | October 9, 2003 |
| | | First Named Inventor | Raul Trillo |
| | | Art Unit | 1617 |
| | | Examiner Name | S. J. Jean-Louis |
| | | Attorney Docket No. | 31203/30056 |

Please change the Correspondence Address for the above-identified application to:

The address associated with Customer Number:

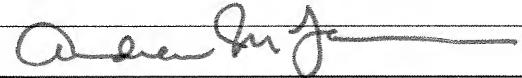
OR

| | | | | |
|--|--|-------|-------|--|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| City | | State | Zip | |
| Country | | | | |
| Telephone | | | Email | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

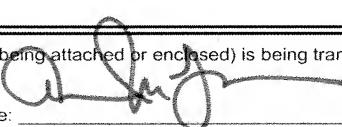
I am the:

Applicant/Inventor
 Assignee of record of the entire interest.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 Attorney or agent of record. Registration Number 46,130.
 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

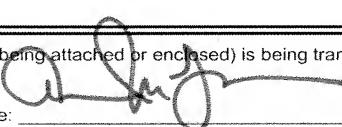
Signature Typed or Printed Name Andrew M. LawrenceDate September 28, 2010 Telephone (312) 474-6300

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). 

Dated: September 28, 2010

Signature:  (Andrew M. Lawrence)